



Behavioral Health Mission Set Guidance

Behavioral health missions utilize trained behavioral health response assets to engage survivors and decrease stress reactions and promote adaptive functioning. These actions allow survivors to more effectively address immediate response & recovery needs and comply with response and recovery procedures.

Behavioral Health Missions

Disaster Assistance Center (DAC) Support:

Behavioral health personnel at Assistance Centers informally engage survivors to identify needs, provide appropriate support, and referrals. They provide recommendations to survivors and Assistance Center management that assist residents to decrease stress levels that may be inhibiting healthy functioning.

Resource recommendation: Provide a minimum of 2-6 behavioral health personnel for 6-10 hour shifts.

Community/Town Meeting Support:

Behavioral health personnel at community/town meetings assist residents by decreasing stress levels and identifying individuals exhibiting limited functioning because of stress exposure. Behavioral health personnel engage informally with survivors and provide appropriate support and referrals to enhance individual functioning by meeting needs and promoting effective compliance with emergency response/recovery procedures.

Resource recommendation: Have 1 behavioral health responder to 100 community members with a minimum of 2 behavioral health responders to provide a “buddy” system.

Shelter Support:

Behavioral health personnel assist shelter residents by decreasing their stress levels. They identify individuals exhibiting inhibited healthy functioning because of stress exposure. Behavioral health personnel engage survivors informally to identify needs and provide appropriate support and referrals. They provide recommendations to survivors and shelter management to enhance individual functioning and movement toward recovery.

Resource recommendation: Provide a minimum of 2-6 behavioral health personnel for 6-10 hour shifts.

Damage Assessment Teams Support:

Behavioral health support assist damage assessment teams by engaging survivors to process experiences and any stress responses after damage assessors complete their assessment. This activity allows damage assessors to progress while supporting survivors with their needs. Behavioral health responders paired with damage assessment teams following the 2008 Windsor Tornado was identified as a best practice.

Resource recommendation: Pair 2 behavioral health responders with each damage assessment team entering the field.

Community Re-entry Support:

During re-entry processes behavioral health responder pairs can partner with re-entry teams to provide support to residents returning to their homes. Behavioral health responders can assist individuals with stress-related needs and work to support individuals in identifying needs to maintain healthy functioning. Behavioral health responders have been successfully paired with re-entry teams following the 2012 and 2013 wildfires.

Resource recommendation: Pair 2 behavioral health responders with each re-entry team.

EOC Support:

Behavioral health personnel assist EOC operations by informally or formally engaging response personnel to identify stress reactions and intentionally monitor EOCs to provide recommendations aimed at decreasing stress levels in EOCs and increasing response personnel's capacity to maintain response operations for extended periods. Behavioral health personnel can provide education and other resources to assist with stress management.

Resource recommendation: 1 to 2 behavioral health response personnel for 6-10 hour EOC shifts

JIC/PIO Support:

Behavioral health personnel assist PIO staff and JIC/JIS operations by assessing public information and crisis communication through a behavioral health lens. BH personnel monitor social media and other public communication for fear responses; provide education, messaging and resources to support community coping and functioning; and inform communication practices to moderate fear responses and better promote safety, calm, connection, self/community efficacy and hope.

Resource recommendation: 1 to 2 behavioral health response personnel for 6-10 hour PIO/JIC shifts

POD Support:

Points of Dispensing are bound to be wrought with high anxiety, from both the public and from public health responders. Generally, most people do not have a sophisticated understanding of disease processes, the anti-biotic/anti-viral medications used to treat outbreaks or the vaccinations used to prevent/contain an outbreak. This lack of understanding only fuels fear responses further.

Resource recommendation: Provide a minimum of 2-6 behavioral health personnel for 6-10 hour shifts.

- Greeters - Active engagement in greeting people at the doors has a distinct impact on quieting fears. But behavioral health professionals can also glean a great deal of information from simple interactions - how impacted is the individual by their fear? Are they trusting the process or not? Are they angry or casting blame on public health or other government officials?
- Education - Many behavioral health professionals have significant knowledge of biology as well, or may even have medical backgrounds. Most importantly however, a major role in the mental health field is in psycho-education. Therefore, they can play an active role in the education process of those coming to receive medications/vaccinations, increasing the likelihood that the educational material will actually be heard, processed and understood.
- Dispensers - Often you will find that psychiatric nurses have a great combination of skills. Too often people fear the vaccination needle. Having a psychiatric nurse available to

work with those needle phobic individuals can make the dispensing process significantly smoother.

Quarantine and Isolation Support:

We know from experience with SARS and Ebola that those who have been exposed to a contagion (patients and caregivers/medical personnel) are likely to react with a wide range of behaviors and emotions. We also know that often individuals who are exposed to a contagion are often ostracized by their support systems because of fear of spreading of the contagion. Therefore, behavioral health support to both of these groups are critical to assure positive coping, to assure the strength of the health system, to assure compliance with quarantine processes and to assure a healthy return to daily living once quarantine or isolation is lifted. Behavioral health professionals can implement a wide variety of interventions to support exposed individuals across the community throughout the process of the public health emergency.

Resource recommendation: Q & I support always requires a team in order to support a system of intervention and psychosocial support to the exposed individuals. A team of 4-6 can support 1-50 exposed individuals and possibly more.

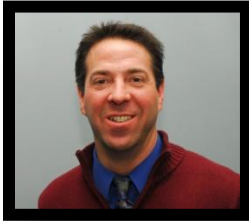
Behavioral Health Intervention:

Whether a public health emergency, a community crisis, or a natural disaster, when people are involved, there will be cognitive, emotional and spiritual impacts. Therefore, your disaster behavioral health resources are available to address a wide variety of individual and community impacts with a wide variety of interventions, including but not limited to:

- **Drama mitigation and rumor control:** People attempt to gain control over chaotic experiences by understanding the event. If we know what has happened, we know how to react to it. Therefore, if there is a void of information, people create information to fill the void. BH professionals actively engage groups around this natural process to help re-direct and properly inform them of reality, even if that means stating “no one knows right now”.
- **Fear management:** Fear is the base emotion and cognitive process happening in times of crisis and emergency. Fear shuts down an individual’s capacity to think clearly, focus, problem solve, make decisions and communicate. BH intervention is directly focused on addressing fear and improving cognitive functioning.
- **Trauma education:** Psychological trauma has a unique biology. Providing psychosocial education to individuals about the trauma experience can have an immediate impact on behavior and functioning in the face of ongoing emergencies.
- **Emotional triage:** Recognizing the difference between a normal and functional response, compared to a normal and dysfunctional response, compared to an abnormal and dysfunctional response is a key aspect of behavioral health interventions and the key to psychological triage.
- **Psychological First Aid:** PFA is a key set of tools in the tool belt of the disaster behavioral health responder. This tool kit guides the responder on how best to support and individual, couple, family or group to adapt in the face of the current emergency or crisis.

Resource Request Process: To request behavioral health support for identified missions contact the local ESF 8 or 8a (behavioral health) lead. CDPHE-OEPR behavioral health unit personnel are also available to facilitate effective resource coordination:

CDPHE-OEPR Behavioral Health Team



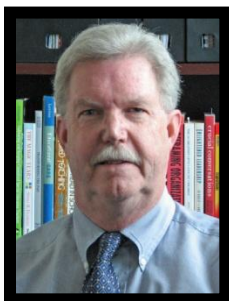
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